		DAK KEGUFILON AFT	Application or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECORI							1 10,007,973				
CLAIMS AS FILED · PART ((Column I) (Column I)							SMALL ENTITY OR SMALL ENTITY				
FOR		BMUN	NUMBER FILED NUMBER		REXTRA	RA	TE FEE		RATE	FEE	
BASIC FEE							·	OR		s 740	
TOT	AL CLAIMS CFRIDGED		22 minus 20 = ° 2			× 5_		OR	x s 18 -	36	
סאו	EPENDENT CLA	VIMS	8 mm 3 = 5			x	3	OR	× 84.	420	
MULTIPLE DEPENDENT CLAIM PRESENT (17 CPA (1849)					<u>+</u>		OR	+_=			
If the difference in column 1 is less than zero, enter "O" in column 2							AL	OR	TOTAL	1196	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY			OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING .AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 41	Minus	. 22	- 19	x \$_	-	OR	x s 18-	342	
	07 CFR 1.14(e)) Independent	• /	Minus	··· Q	= 0	×	-	OR	х . •		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM UT				(37 CFR 1.14(4))	1,-	E .	OR			
۳	THE PRODUCTION OF MADE AND ADDRESS OF THE PRODUCTION OF THE PRODUC						AL .	OR	TOTAL	342	
(Column 1) (Column 2) (Column 3)				ADDIT. F	EE -		DDIT. FEE	014			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 40	Minus	. 41	= /	× S	. •	OR	× 5		
	Independent (27 CFR 1.16(b))	• 4	Minus	*** 4	=	x	_ =	OR OR	x=		
		ENTATION OF M	ULTIPLE DE	PENDENT CLAIM	(27 CFR 1.144))	٠	_= .	OR	<i>†</i> =		
(Column 1) (Column 2) (Column 3)						TO ADDIT.	TAL FEE	OR	TOTAL DDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST	PRESENT EXTRA	RA1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.14(c))	•	Minus	••	a ·	x \$	- 2	OR	x \$=		
MEA	Independent (37 CFR 1.14(b))	•	Minus	•••	=	x	_=	OR OR	x=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFR.14(4)					+		OR	•=		
ا بر د	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **TOTAL ADDIT. FEE ADDIT. FEE										

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "1"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement." This form is estimated to take 0.7 hours to complete. Time will vary depending upon the needs of the individual case.

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